

MAY 19 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11071-f

1. PLACE OF DEATH

County Jackson
Township Green
City Raymo. Co. (No. 1724 Agnes)

Registration District No. 299
Primary Registration District No. 1002

File No. 1753
Registered No. 1753
St. Ward

2. FULL NAME

(a) Residence, No. 1724 Agnes St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Erasmus James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 22 1890</u>		
7. AGE <u>65</u>	YEARS <u>11</u>	MONTHS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lowea</u>
	13. NAME <u>Wm B. Butler</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>
	15. MAIDEN NAME <u>No Record</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>
	17. INFORMANT (ADDRESS) <u>Erasmus James</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>Apr - 27 - 36</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Forester</u>
20. FILED <u>April 1 1936 m m. Groom</u>	

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1936, to Mar 31, 1936
I last saw h. or alive on Mar 30, 1936. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:
Date of onset 108

Lobar Pneumonia

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. F. Clark, M. D.
(Address) 223 Argyle Bldg.

Chas F Clark

11071 F